

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		3-28-00
O.I.P.E. CLASSIFIER		12	3-31-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		60874	5-31-00

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# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
2	2/19/00
3	2/19/00
4	2/19/00
5	2/19/00
6	2/19/00
7	2/19/00
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9	2/19/00
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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